Fill in this information to identify your case	0		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known): Ch	apter you are filing under:		
abla	Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is an
	Chapter 13		amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Gaila First Name Y Middle Name	First Name Middle Name
	passport).	Pinkston	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First Name	First Name
	Include your married or maiden names.	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>5</u> <u>6</u> <u>7</u> <u>9</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx
4.	Any business names and Employer Identification Numbers	✓ I have not used any business names or EINs.	☐ I have not used any business names or EINs
	(EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name

Business name

Business name

About Debtor 1: About Debtor 2 (Spouse Only In a Joint Case): EIN	Debtor 1 Case 16-0881	L5 Doc 1 Filed 03/15/16 Entered	03/15/16 11:40:35 Desc Main		
5. Where you live EN	Flist Name				
Second Street S		EIN	EIN		
Street Number Street Num	5. Where you live	EIN — — — — — — — — — — — — — — — — — — —			
City State ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 8660 S. 86th Ave Number Street P.O. Box Justice IL 60458 City State ZIP Code City State ZIP Code Number Street P.O. Box City State ZIP Code City State ZiP Co			Number Street		
Fook County Figure mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.			City State ZIP Code		
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		· .			
the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 8660 S. 86th Ave Number Street Number S		County	County		
court will send any notices to you at this mailing address. 8660 S. 86th Ave Number Street Number Street					
8660 S. 86th Ave Number Street Number Street		•			
Number Street Number Street		mailing address.	address.		
Number Street Number Street		8660 S. 86th Ave			
6. Why you are choosing this district to file for bankruptcy Check one: I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) Part 2: Tell the Court About Your Bankruptcy Case Check one: Check on			Number Street		
6. Why you are choosing this district to file for bankruptcy Check one: I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) Part 2: Tell the Court About Your Bankruptcy Case Check one: Check on		D.O. Pov	DO Box		
City State ZIP Code City State ZIP Code City State ZIP Code Check one: Check one: Check one: Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) Part 2: Tell the Court About Your Bankruptcy Case Check one: Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) Part 2: Tell the Court About Your Bankruptcy Case Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filed for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12			F.O. BOX		
this district to file for bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) I have another reason. Explain. (See 28 U.S.C. § 1408.) Part 2: Tell the Court About Your Bankruptcy Case Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals File for Bankruptcy City (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 11 Chapter 12			City State ZIP Code		
Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) Tell the Court About Your Bankruptcy Case Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filed For Bankruptcy Code you are choosing to file under Chapter 11		Check one:	Check one:		
(See 28 U.S.C. § 1408.) Tell the Court About Your Bankruptcy Case 7. The chapter of the Bankruptcy Code you are choosing to file under Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals File for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12		petition, I have lived in this district longer	petition, I have lived in this district longer		
7. The chapter of the Bankruptcy Code you are choosing to file under Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals File for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12			·		
Bankruptcy Code you are choosing to file under for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12	Part 2: Tell the Cour	t About Your Bankruptcy Case			
under	Bankruptcy Code you				
Chapter 12	_	Chapter 7			
		Chapter 11			
		— Chapter 12			
		☐			

Deb	tor 1	Case 16-08815			Filed 03/15/16	Entered C Page 3 of	3/15 Segum	/16 11:40: ber (if known)	35 Desc	Main
8.	How y	First Name you will pay the fee	Middle N	I will p court f pay wi	pay the entire fee when I for more details about how ith cash, cashier's check, of f, your attorney may pay wi	file my petition yyou may pay. Tor money order.	. Pleas Typically If your	se check with the y, if you are pay attorney is subn	e clerk's office i ing the fee your nitting your payı	self, you may
					I to pay the fee in installr duals to Pay Your Filing Fe	•			and attach the A	pplication for
				By law than 1 fee in	vest that my fee be waive v, a judge may, but is not rough 50% of the official poverty installments). If you choo Fee Waived (Official Form	equired to, waive line that applies se this option, yo	e your fo s to you ou must	ee, and may do r family size and fill out the Appl	so only if your i d you are unable	ncome is less e to pay the
9.		you filed for		No						
		uptcy within the years?	\checkmark	Yes.						
			Dist	rict <u>C</u>	nicago, Ch.13 dismisse	ed		03/25/0201 MM / DD / YYYY	Case number	11-12414
			Dist	rict <u>C</u>	nicago, Ch.7, discharg	ed	When :	10/01/2004 MM / DD / YYYY	Case number	04-36525
			Dist	rict _			When	MM / DD / YYYY	Case number	
10.		ny bankruptcy s pending or being		No						
	filed b	by a spouse who is		Yes.						
		ing this case with or by a business	Deb	tor				Relationsh	ip to you	
	•	er, or by an	Dist	rict			When i	MM / DD / YYYY	Case number, if known	
			Deb	tor _				Relationsh	ip to you	
			Dist	rict			When i	MM / DD / YYYY	Case number, if known	
11.	-	ou rent your ence?		No. Yes.	Go to line 12. Has your landlord obtaineresidence?	ed an eviction jud	dgment	against you and	d do you want to	stay in your

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

		_	_				
Deb		D(Filed 03/15/16 Document	Entered 03/15/16 Page 4 of 48 umber (it	11:40:35 f known)	Desc Main
D.				sses You Own as a S			
	Report About An	уы	JSIIIC	sses Tou Own as a c	Sole Froprietor		
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of bus	iness		
	A sole proprietorship is a business you operate as an			Name of business, if any			
	individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Number Street			
	If you have more than one			City		State	ZIP Code
	sole proprietorship, use a separate sheet and attach it			•	ox to describe your business:		
	to this petition.			Single Asset Real E Stockbroker (as def	ss (as defined in 11 U.S.C. § state (as defined in 11 U.S.C ined in 11 U.S.C. § 101(53A)) (as defined in 11 U.S.C. § 101	. § 101(51B))	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>	car mo:	set ap st recei	propriate deadlines. If you not balance sheet, statemen	e court must know whether you indicate that you are a small of operations, cash-flow states exist, follow the procedure in a	l business debt tement, and fe	or, you must attach your deral income tax return
	debtor?	$\overline{\mathbf{V}}$	No.	I am not filing under Cha	pter 11.		
	For a definition of small business debtor, see		No.	I am filing under Chapter the Bankruptcy Code.	11, but I am NOT a small bus	siness debtor a	ccording to the definition in
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chapter Bankruptcy Code.	11 and I am a small business	s debtor accord	ling to the definition in the
Pa	Report If You Ow	n o	r Hav	e Any Hazardous Pr	operty or Any Property	That Needs	s Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?			
	safety? Or do you own any property that needs immediate attention?			If immediate attention is	needed, why is it needed?		
	For example, do you own						

perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

ZIP Code

Desc Main

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

> incapable of realizing or making rational decisions about finances.

through the internet, even after I

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me □ Disability. to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Debtor 1 Case 16-08815 Doc 1 Filed 03/15/16 Entered 03/15/16 11:40:35 Desc Main Pinkston Page 6 of 48 First Name Middle Name Dockware Page 6 of 48

P	art 6: Answer These C	Quest	ions	for Reporting Pu	rpos	ses				
16.	What kind of debts do you have?	16a		your debts primarily 'incurred by an individ No. Go to line 16b. Yes. Go to line 17.					re defined in 11 U.S.C. § 101(8) usehold purpose."	
		16b		Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17.						
		16c.	Sta	te the type of debts yo	u ow	e that are not consu	mer or b	usiness	s debts.	
17.	Are you filing under Chapter 7?		No.	I am not filing under	Chap	oter 7. Go to line 18				
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☑	Yes.	-		•		-	xempt property is excluded and to distribute to unsecured creditors?	
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-7 200-9	199		1,000-5,000 5,001-10,000 10,001-25,000			25,001-50,000 50,001-100,000 More than 100,000	
19.	How much do you estimate your assets to be worth?		\$50,0 \$100	50,000 001-\$100,000 ,001-\$500,000 ,001-\$1 million		\$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50	nillion million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.	How much do you estimate your liabilities to be?		\$50,0 \$100	50,000 001-\$100,000 ,001-\$500,000 ,001-\$1 million		\$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50	nillion million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
Р	art 7: Sign Below									
For	you		ve exa	·	nd I d	eclare under penalty	of perju	ry that	the information provided is true	
		or 1	3 of tit		•				f eligible, under Chapter 7, 11, 12, der each chapter, and I choose to	
				ney represents me and document, I have obt					who is not an attorney to help me U.S.C. § 342(b).	
		l rec	uest r	elief in accordance wi	th the	e chapter of title 11,	United S	tates C	ode, specified in this petition.	
			I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
				ila Y Pinkston			x			
		(Gaila \	Pinkston, Debtor 1			Signa	ature of	Debtor 2	
		E	Executed on 03/14/2016 MM / DD / YYYY					Executed on		

Case 16-08815 Doc 1 Filed 03/15/16 Entered 03/15/16 11:40:35 Desc Main First Name Middle Name Desc Walner Page 7 of 48 First Name Middle Name Desc Walner Page 7 of 48 First Name Niddle Name Desc Walner Name Page 7 of 48 First Name Niddle Niddle Name Niddle Niddle Name Niddle Niddle Name Niddle Ni

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor		Date	MM / DD / YYYY	
Robert J. Adams & Associates Printed name				
Robert J Adams & Associates Firm Name				
901 W Jackson Suite 202 Number Street				
Chicago	IL		60607	
City	State		ZIP Code	
Contact phone (312) 346-0100	Email address _			
0013056			_	
Bar number	State		_	

			<u>cument Page 8 of</u> (48	
Fill in this inf	formation to i	dentify your case	and this filing:		
Debtor 1	Gaila	Υ	Pinkston		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for	r the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)					f this is an
				amende	ed filing
Official Form	106A/D				
Official Form					40/45
Schedule A	B: Property	У			12/15
filing together, bo sheet to this form	oth are equally re n. On the top of a	sponsible for supplyi ny additional pages,	e as complete and accurate as p ng correct information. If more write your name and case numb ng, Land, or Other Real Es	space is needed, attach a s er (if known). Answer ever	eparate ry question.
		·			
	, ,	l or equitable interest	in any residence, building, land	l, or similar property?	
<u> </u>	to Part 2. here is the propert	y?			
	-	•	of your entries from Part 1, incluite that number here	_	\$0.00
Part 2: De	scribe Your V	ehicles			
			n any vehicles, whether they are also report it on Schedule G: Exec		
3. Cars, vans, t	rucks, tractors, s	sport utility vehicles, r	notorcycles		
□ No					
 ✓ Yes					
3.1. Make:	Nissan	Who has a Check one	an interest in the property?	Do not deduct secured clair amount of any secured clair	•
Model:	Rogue		r 1 only	Creditors Who Have Claims	
Year:	2014		r 2 only	Current value of the	Current value of the
Approximate milea	age:		r 1 and Debtor 2 only st one of the debtors and another	entire property? \$50.00	portion you own? \$50.00
Other information:			of one of the deplote and another	φ30.00	φ30.00
Bought in friend is \$18,500 agair	,		k if this is community property nstructions)		
			recreational vehicles, other veh		
•	oats, trailers, moto	ors, personal watercraf	t, fishing vessels, snowmobiles, m	notorcycle accessories	
✓ No ☐ Yes					
	-	•	of your entries from Part 2, incluite that number here		\$50.00
				- [
Part 3: De	SUIDE TOUT P	ersonal and Hous	senoiu iteilis		

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

D-1-	Case 16-08815 DOC 1 Filed 03/15/16 Entered 03/15/16 11:40:35	Desc Main
Deb	tor 1 Gaila Y Drokstoent Page 9 ofs 48 umber (if known)	
6.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
	No ✓ Yes. Describe used furniture	\$400.00
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	✓ No Yes. Describe	
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No Yes. Describe	
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No Yes. Describe	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes. Describe	
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	No ✓ Yes. Describe clothing	\$250.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gemgold, silver	S,
	✓ No Yes. Describe	
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	✓ No ☐ Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	✓ No Yes. Give specific information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here	\$650.00
P	art 4: Describe Your Financial Assets	
Do	you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	□ No	
	▼ Yes	\$50.00

Deb	tor 1	Gaila		Υ	Doc 1	Filed 03/15/16 D oowste nt	Entered 03/15/ Page 10 co & 4 & 6 mb		Desc Main
	_	First N		Midd	dle Name	Last Name			
17.		bro	necking, savi	ses, an			es of deposit; shares in crea ave multiple accounts with		
	_	No Yes			Institu	ution name:			
		17.1.	Savings acco	ount:	Share	e account with CU			\$5.00
18.			al funds, or and funds, in	-	-	tocks s with brokerage firms, r	noney market accounts		
	<u> </u>	No Yes		Institu	ution or iss	uer name:			
19.			traded stoc an LLC, pa				corporated businesses, i	including	
		No Yes. Give informatio them		Name	e of entity:			% of ownership:	
20.	Neg	otiable ins	struments inc	lude pe	ersonal che	ecks, cashiers' checks, p	negotiable instruments romissory notes, and mone e by signing or delivering t	•	
		No Yes. Give informatio them	•	Issue	r name:				
21.		<i>mples:</i> Int	r pension ac erests in IR/ ofit-sharing p	A, ERIS		401(k), 403(b), thrift sav	ings accounts, or other per	nsion or	
		No Yes. List account s		Туре о	f account:	Institution name:			
22.	Your Exar	share of	reements wi	eposits	you have r	•	ontinue service or use from electric, gas, water), telecor		
	I								
23.	_		contract for	a speci	fic periodic	Institution name or inc	dividual: ou, either for life or for a nu	mber of vears)	
	M I	No				d description:	34, 511.61 101 110 51 101 4 11	zo. o. you.o,	
24.			n education 530(b)(1), 52			•	program, or under a quali	ified state tuition pr	ogram.
		No Yes		Institu	ution name	and description Separ	ately file the records of any	rinterests 11 IISC	: 8 521(c)
25.	Trus	sts, equita		e inter	ests in pro		ning listed in line 1), and r		. 3 021(0)
		No Yes. Give							
26.	Exai	mples: Int	_			crets, and other intelles, proceeds from royaltie	ctual property; s and licensing agreements	S	
		No Yes. Give informatio	specific n about then	n					

		Case 16-0881		Filed 03/15/16		5/16 11:40:35	Desc Main
Deb	tor 1	Gaila First Name	Y Middle Name	D @0.ks1@ nt Last Name	Page 11 conts 418bir	mber (if known)	
27.		ses, franchises, and o	other general in		tion holdinas. liquor lice	nses, professional licen	ses
	√ N			, , , , , , , , , , , , , , , , , , , ,	3-, 1	,,	
		es. Give specific					
	in	formation about them					
Mon	ey or	property owed to you	?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax r	efunds owed to you					
	N 🗹	lo					
	-	es. Give specific infor	mation			Federal	: \$0.00
		bout them, including wh				State:	\$0.00
	•	ou already filed the retundering the tax years					
	٠	na uno tan youroniiniini				Local:	\$0.00
29.	Exam		sum alimony, s	pousal support, child su	pport, maintenance, divo	orce settlement, propert	y settlement
		io es. Give specific infori	mation			Alimony:	\$0.00
		·				Maintenance:	\$0.00
						Support:	\$0.00
						Divorce settlement:	
						Property settlemen	
						i topetty settlemen	ι. <u>Ψ0.00</u>
30.		compensation, S	lisability insurand	ce payments, disability benefits; unpaid loans you			
	-	es. Give specific infor	mation				
31.		ests in insurance polici oples: Health, disability		e; health savings accour	t (HSA); credit, homeow	vner's, or renter's insura	nce
	☑ N	lo es. Name the insuranc					
		ompany of each policy					
	a	nd list its value	Company n	name:	Beneficiary:	Su	rrender or refund value:
32.	If you		a living trust, exp	om someone who has onect proceeds from a life that died		currently	
	☑ Y	lo es. Give specific infor	mation				
33.				ot you have filed a laws		for payment	
	☑ N	lo es. Describe each clai	im				
34.		r contingent and unliq s to set off claims	uidated claims	of every nature, includ	ng counterclaims of th	ne debtor and	
	☑ N	lo es. Describe each clai	im				
35.	Any f	inancial assets you d	id not already li	st			
	✓ N	lo	,				
		es. Give specific inform	mation				

Deb	otor 1	Case 16-0881 Gaila First Name	L5 Doc 1 Y	Filed 03/15/16 Downsient Last Name	Entered 03/15/16 11:40:35 Page 12 costs 48 mber (if known)	Desc Main
36.					nny entries for pages you have	\$55.00
Pa	art 5:	Describe Any E	Business-Rel	ated Property You (Own or Have an Interest In. List any	real estate in Part 1.
37.	Do you	own or have any l	legal or equitab	le interest in any busine	ss-related property?	
		Go to Part 6. Go to line 38.				
32	Accoun	nts receivable or c	ommissions voo	u already earned		Current value of the portion you own? Do not deduct secured claims or exemptions.
50.	☑ No	Describe	ommissions yo	a arready carried		
39.			•	ftware, modems, printers,	copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes	s. Describe				
40.	Machin	ery, fixtures, equi	pment, supplies	you use in business, ar	nd tools of your trade	
	✓ No ☐ Yes	. Describe				
41.	Invento	ry				
	✓ No ☐ Yes	. Describe				
42.	Interest	ts in partnerships	or joint venture	s		
	✓ No ☐ Yes	. Describe Nar	me of entity:		% of ownership:	
43.	Custom	ner lists, mailing lis	sts, or other co	mpilations		
	✓ No ☐ Yes	. Do your lists ind No Yes. Describ		y identifiable information	n (as defined in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related pro	perty you did n	ot already list		
	✓ No ☐ Yes	. Give specific info	ormation.			
45.			-	· · · · · · · · · · · · · · · · · · ·	nny entries for pages you have	\$0.00
Pa				ommercial Fishing-R in farmland, list it in F	Related Property You Own or Have a Part 1.	n Interest In.
46.	Do you	own or have any I	legal or equitab	le interest in any farm- o	r commercial fishing-related property?	
	-	Go to Part 7. Go to line 47.				

Page 13 costs 4 Bumber (if known) Debtor 1 Middle Name First Name Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **√** No Yes.... 48. Crops--either growing or harvested **☑** No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes.... 50. Farm and fishing supplies, chemicals, and feed **☑** No ☐ Yes.... 51. Any farm- and commercial fishing-related property you did not already list **☑** No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have \$0.00 attached for Part 6. Write that number here..... Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **☑** No ☐ Yes. Give specific information. \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here..... Part 8: List the Totals of Each Part of this Form \$0.00 55. Part 1: Total real estate, line 2..... \$50.00 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 \$650.00 58. Part 4: Total financial assets, line 36 \$55.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal \$755.00 \$755.00 62. Total personal property. Add lines 56 through 61...... property total 63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$755.00

Filed 03/15/16

Doc 1

Entered 03/15/16 11:40:35

Desc Main

Case 16-08815

Debtor 1 Gaila Y D@nksnent Page 14 cols 48 imber (if known)

First Name Middle Name Last Name

Official Form 106A/B Schedule A/B: Property page 7

Fill in this information to identify your case:					
Debtor 1	Gaila First Name	Y Middle Name	Pinkston Last Name		
Debtor 2					
(Spouse, if filing) United States Bar		Middle Name or the: NORTHERN D	Last Name		
Case number					
(if known)					

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You C	Claim as Exempt							
 Which set of exemptions are you claiming You are claiming state and federal nonb You are claiming federal exemptions. 1 	ankruptcy exemptions.	even if your spouse is filing 11 U.S.C. § 522(b)(3)	with you.					
2. For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption					
	Copy the value from Schedule A/B	Check only one box for each exemption						
Brief description 2014 Nissan Rogue Bought in friend's name, loan balance is \$18,500 against value of \$14,000 Line from Schedule A/B:3.1	\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)					
Brief description used furniture Line from Schedule A/B:6	\$400.00	\$400.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)					
3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/16 and every ✓ No ✓ Yes. Did you acquire the property cover ✓ No ✓ Yes	3 years after that for cas	ses filed on or after the date	,					

Debtor 1

Gaila Y Document Page 16 of 48 Case number (if known) _ First Name Last Name

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption		
Brief description clothing	\$250.00	\$250.00 100% of fair market value, up to any	735 ILCS 5/12-1001(a), (e)	
Line from Schedule A/B:11		applicable statutory limit		
Brief description cash	\$50.00	\$50.00 100% of fair market	735 ILCS 5/12-1001(b)	
Line from Schedule A/B:16		value, up to any applicable statutory limit		
Brief description Share account with CU	\$5.00	₹5.00 100% of fair market	735 ILCS 5/12-1001(b)	
Line from Schedule A/B:17.1		value, up to any applicable statutory limit		

Fill in this information to identify your case: Debtor 1 Gaila **Pinkston** Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an (if known) amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

			Document	Page 18 of	48		
Fill in this info	ormation to id	entify your c	ase:				
Debtor 1	Gaila	Υ	Pinkston				
Debtor 1	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for	the: NORTHER	N DISTRICT OF I	LLINOIS			
Case number					_		
(if known)						Check if this is a amended filing	an
O#:=:=!	4005/5						
Official Form							
Schedule E/	F: Creditors	s Who Have	e Unsecured	Claims			12/15
Do not include any If more space is not to this page. On the	y creditors with p eeded, copy the F he top of any add	eartially secured Part you need, fi litional pages, w	and on Schedule G: claims that are liste Il it out, number the rite your name and secured Claims	ed in <i>Schedule D</i> eentries in the bo	: Creditors Who He xes on the left. At	old Claims Secur	ed by Property.
1. Do any credit	ors have priority	unsecured clair	ns against you?				
☐ No. Go t			0				
✓ Yes.							
claim. For each show both price more space is claim, list the	ch claim listed, ide prity and nonpriorit needed for priority other creditors in F	ntify what type of y amounts. As m y unsecured clair Part 3.	creditor has more that claim it is. If a claim it is. If a claim nuch as possible, list ns, fill out the Contine instructions for this	n has both priority the claims in alpha uation Page of Pa	and nonpriority amo abetical order acco rt 1. If more than o	ounts, list that clair rding to the creditone creditor holds a	m here and or's name. If a particular
						amount	amount
2.1					\$3,238.48	\$3,238.48	\$0.00
Internal Revenue	e Service		Last A. Parka at an				
Priority Creditor's Name PO Box 7346	е		Last 4 digits of acc				
Number Street			When was the deb	t incurred? 20	013		
			As of the date you	file, the claim is:	Check all that app	ly.	
			Contingent				
Philadelphia City		19101-7346 ZIP Code	☐ Unliquidated ☐ Disputed				
Who incurred the			Type of PRIORITY	unsecured claim	:		
Debtor 1 only			☐ Domestic supp				
Debtor 2 only Debtor 1 and D	ebtor 2 only				u owe the governme	ent	
	the debtors and a	nother	intoxicated	h or personal injur	y wille you were		
Check if this c	laim is for a com	munity debt	Other. Specify				
Is the claim subject	ct to offset?						
✓ No Yes							

Case 16-08815 Doc 1 Filed 03/15/16 Entered 03/15/16 11:40:35 Desc Main Page 19 of 48 Case number (if known) Debtor 1 First Name Middle Name Last Name Part 2: **List All of Your NONPRIORITY Unsecured Claims** Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with you other schedules. **✓** Yes List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2. **Total claim** 4.1 \$115.50 Advance America Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2828 W. 17th Street As of the date you file, the claim is: Check all that apply. Number Street Unliquidated Disputed **Broadview** 60155 City State **7IP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Payday loan Is the claim subject to offset? **☑** No Yes \$300.00 Adventist LaGrange Memorial Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 9234 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Hinsdale 60522 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims

Official Form 106E/F

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

✓ No ☐ Yes

At least one of the debtors and another

Check if this claim is for a community debt

Other. Specify

Medical

Debts to pension or profit-sharing plans, and other similar debts

Page 20 of 48 Case number (if known) Gaila Debtor 1 First Name Middle Name Last Name

After listing any entries on this page, number the	m sequentially from the	
After listing any entries on this page, number the previous page.	in sequentially from the	Total claim
4.3		\$900.00
Adventist LaGrange Memorial	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 9234	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
- Turning 0	_ ☐ Contingent	
	Unliquidated	
	Disputed	
Hinsdale IL 60522 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another		
Check if this claim is for a community debt	✓ Other. Specify Medical	
Is the claim subject to offset?	modiodi	
☑ No □ Yes		
4.4		\$150.00
Adventist LaGrange Memorial	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 9234 Number Street	As of the date you file, the claim is: Check all that apply.	
Training Circuit	_ ☐ Contingent	
	Unliquidated	
	Disputed	
Hinsdale IL 60522 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another		
☐ Check if this claim is for a community debt	✓ Other. Specify Medical	
Is the claim subject to offset?	modical	
✓ No		
Yes		
4.5		\$150.00
Adventist LaGrange Memorial	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 9234 Number Street	As of the date you file, the claim is: Check all that apply.	
- Turning 0	_ ☐ Contingent	
	Unliquidated	
	Disputed	
Hinsdale IL 60522		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
- Balana Annal	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Charle if this plains in face a community dalet	✓ Other. Specify	
	Medical	
Is the claim subject to offset? ✓ No		
✓ No ☐ Yes		
LI . ~~		

Debtor 1

Middle Name First Name

Page 21 of 48 Case number (if known)

Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.6 \$476.23 Affiliated Radiologists Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 4801 W. Peterson Ave, Ste. 525 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Chicago ш 60646 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No ☐ Yes 47 \$302.50 Last 4 digits of account number Bank of America Nonpriority Creditor's Name When was the debt incurred? PO Box 1598 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed VA Norfolk 23501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.8 \$805.00 **CAFCU** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2445 Alft Lane As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Elgin 60124 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify \square ☐ Check if this claim is for a community debt

☑ No Yes

Is the claim subject to offset?

Line of credit

Debtor 1

Page 22 of 48 Case number (if known)

Middle Name Last Name First Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.9 \$0.00 Chex Systems Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? EF-0130 As of the date you file, the claim is: Check all that apply. Number Street 7805 Hudson Rd Ste. 100 Contingent Unliquidated Disputed Saint Paul MN 55164-0036 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for -Is the claim subject to offset? **☑** No ☐ Yes 4.10 \$619.00 Last 4 digits of account number Comcast Nonpriority Creditor's Name When was the debt incurred? PO Box 3002 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Southeastern РΔ 19398 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Other Is the claim subject to offset? **☑** No Yes П 4.11 \$554.23 Last 4 digits of account number ComEd Nonpriority Creditor's Name When was the debt incurred? **Customer Care Center** As of the date you file, the claim is: Check all that apply. Number Street P.O.Box 87522 Contingent Unliquidated Disputed Chicago 60680 City ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Other. Specify

Utility Service

 \square

Debts to pension or profit-sharing plans, and other similar debts

Case 16-08815 Doc 1

Debtor 1

Gaila

Page 23 of 48 Case number (if known)

First Name Middle Name

Last Name

Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them previous page.	n sequentially from the	Total claim
4.12	Look 4 digita of account number	\$3,700.00
Danna William P Nonpriority Creditor's Name	Last 4 digits of account number	
1105 W. Burlington	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	. ☐ Contingent ☐ Unliquidated	
	Disputed	
Western Springs IL 60558	· _ · · · · · · · · · · · · · · · · · ·	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Attorney for - SKS & Associates	
Is the claim subject to offset? ☑ No ☐ Yes		
4.13	Local A digita of account number	\$591.00
Emergency Health Care Physican Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 366	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Hinsdale IL 60522		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical	
Is the claim subject to offset?		
√ No		
Yes		
4.14		\$15,494.39
Gateway Financial	Last 4 digits of account number 8 4 1 4	
Nonpriority Creditor's Name 6165 Bay Road	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Saginaw MI 48604	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
	Civil Judgment	
Is the claim subject to offset? ✓ No ✓ Yes		

Debtor 1

Gaila Y Document Page 24 of 48 Case number (if known) _ First Name Last Name

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.15	Last 4 digits of account number	\$21,666.43
Walinski & Associates, PC Nonpriority Creditor's Name 221 N Lasalle 1000 Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated	
Chicago City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Attorney For - Saltcreek Credit Union	

Debtor 1

Gaila Y
First Name Middle Name

Document Pinkston Last Name Page 25 of 48
Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Commonwealth Edisor	n		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name Bill Payment Center			Line of (Check one):			
Number Street			Notice Only for ComEd Part 2: Creditors with Nonpriority Unsecured Claims			
			Last 4 digits of account number			
Chicago City	IL State	60668-0001 ZIP Code				
City	State	ZIF Code				
Malcolm S. Gerald and	l Associa	ates, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name 332 S. Michigan Ave, S	Suite 514		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street			Collecting for - Adventist La Grange Memorial Part 2: Creditors with Nonpriority Unsecured Claims			
			-			
Chicago	IL	60604	— Last 4 digits of account number			
City	State	ZIP Code	_			
Medical Business Bure	aau Inc		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name	cau, mo.		_			
PO Box 1219 Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
- Street			Collecting for - — Emergency Healthcare Part 2: Creditors with Nonpriority Unsecured Claims			
			— Last 4 digits of account number 7 1 5 4			
Park Ridge City	IL State	60068-7219 ZIP Code				
Oity	State	Zii Code				
Merchants Credit Guid	le		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name 223 W Jackson BLVD			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street Suite 900			Collecting for - Adventist Part 2: Creditors with Nonpriority Unsecured Claims			
Suite 300			─ La Grange Memorial			
			— Last 4 digits of account number			
Chicago City	IL State	60606-6908 ZIP Code	_			
o.,,	Giaio	0000				
Stellar Recovery Inc			On which entry in Part 1 or Part 2 did you list the original creditor?			
Name 1327 US Highway 2 W			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street			Collecting for - Comcast Part 2: Creditors with Nonpriority Unsecured Claims			
			Last 4 digits of account number			
Kalispell	MT	59901	<u> </u>			
City	State	ZIP Code				
Walinski & Associates	, PC		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name 221 N Lasalle 1000			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street			Attorney For - Gateway Part 2: Creditors with Nonpriority Unsecured Claims			
			— Financial			
Chicago		60601	— Last 4 digits of account number			
Chicago City	IL State	60601 ZIP Code	_			

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Debtor 1

First Name

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Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
	6b.	Taxes and certain other debts you owe the government	6b. \$3,238.48
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$0.00
	6e.	Total. Add lines 6a through 6d.	6d. \$3,238.48
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +\$45,824.28
	6j.	Total. Add lines 6f through 6i.	6j. \$45,824.28

Fill in this in	Fill in this information to identify your case:						
Debtor 1	Gaila First Name	Y Middle Name	Pinkston Last Name				
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name				
United States E	Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS				
Case number (if known)							

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

		DΩ	<u>cument</u> Page 2	<u>28 o</u> t 48	
Fill in this inf	ormation to i	dentify your case	:		
Debtor 1	Gaila First Name	Y Middle Name	Pinkston Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF ILLINOIS	_	
Case number (if known)					Check if this is an amended filing
Official Form	106H				
Schedule H:	Your Code	ebtors			

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If

12/15

nee	o married people are filing together, both are equally responsible for supply ded, copy the Additional Page, fill it out, and number the entries in the box ge. On the top of any Additional Pages, write your name and case number (es on the left. Attach the Additional Page to this
1.	Do you have any codebtors? (If you are filing a joint case, do not list either ✓ No ✓ Yes	r spouse as a codebtor.)
2.	Within the last 8 years, have you lived in a community property state or to include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rid No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at No Yes	co, Texas, Washington, and Wisconsin.)
3.	In Column 1, list all of your codebtors. Do not include your spouse as a coperson shown in line 2 again as a codebtor only if that person is a guarar creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form Schedule D, Schedule E/F, or Schedule G to fill out Column 2.	ntor or cosigner. Make sure you have listed the
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

Pane 29 of 48 Document Fill in this information to identify your case: Debtor 1 Gaila **Pinkston** First Name Middle Name Last Name Check if this is: Debtor 2 ☐ An amended filing (Spouse, if filing) First Name Middle Name Last Name A supplement showing postpetition NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: chapter 13 income as of the following date: Case number (if known) MM / DD / YYYY Official Form 106I Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. **Describe Employment** Part 1: Fill in your employment information. Debtor 2 or non-filing spouse Debtor 1 If you have more than one **Employment status** Employed **Employed** job, attach a separate page ■ Not employed Not employed with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. **Employer's name** Occupation may include **Employer's address** student or homemaker, if it Number Street Number Street applies. City State Zip Code State Zip Code How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse \$0.00 \$0.00 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. \$0.00 \$0.00

Calculate gross income. Add line 2 + line 3.

\$0.00

\$0.00

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Debtor 1 Gaila First Name Middle Name Last Name

			For Debtor 1	For Debt	or 2 or g spouse	_	
	Copy line 4 here	→ 4.	\$0.00		\$0.00		
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00		\$0.00		
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$0.00		
	5e. Insurance	5e.	\$0.00		\$0.00		
	5f. Domestic support obligations	5f.	\$0.00		\$0.00		
	5g. Union dues	5g.	<u>\$0.00</u>		\$0.00		
	5h. Other deductions. Specify:	5h.	\$0.00		\$0.00		
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5g + 5h$.	of + 6.	\$0.00		\$0.00		
7.	Calculate total monthly take-home pay. Subtract line 6 from line	e 4. 7.	\$0.00		\$0.00		
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00		\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		\$0.00		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00		\$0.00		
	8e. Social Security	8e.	\$0.00		\$0.00		
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:) 8f.	\$0.00		\$0.00		
	8g. Pension or retirement income 8h. Other monthly income.	8g.	\$0.00		\$0.00		
	Specify:	8h.	\$0.00		\$0.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g +	8h. 9.	\$0.00		\$0.00		
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spou	10. ise.	\$0.00	·	\$0.00	=	\$0.00
11.	State all other regular contributions to the expenses that you list Include contributions from an unmarried partner, members of your ho friends or relatives.			roommate	es, and oth	ıer	
	Do not include any amounts already included in lines 2-10 or amounts	s that are r	not available to pay e	xpenses lis	sted in Scl	nedule) J.
	Specify:				_ 11.	+ _=	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line income. Write that amount on the Summary of Your Assets and Liabi				12.	_	\$0.00
	if it applies.	miles and	oeriain otatisticai iiii	omation,			mbined onthly income
13.	Do you expect an increase or decrease within the year after you	file this fo	rm?				
	✓ No. None.						
	Yes. Explain:						

j	ill in this inform	nation to ide	ntify yo	our case:			Ch	eck if this	s is:	
	Debtor 1	Gaila		Y	Pinks				ended filing	
		First Name	ľ	Middle Name	Last Na	me			lement showing	
	Debtor 2 (Spouse, if filing)	First Name	N	Middle Name	Last Na	me	-		r 13 expenses a ng date:	s or trie
	United States Bankı	ruptcy Court for	the: N (ORTHERN DIS	STRICT OF	FILLINOIS		NANA / E	ND / MAAA/	_
	Case number						-	IVIIVI / L	D / YYYY	
	(if known)									
Of	fficial Form 10)6J								
_	chedule J: Yo		ses							12/15
nai	as complete and a rrect information. If me and case number 2 art 1:	f more space is	needed Inswer	l, attach anothe every question.	r sheet to t					
1.	Is this a joint cas	e?								
	✓ No. Go to lin Yes. Does D No Yes	ne 2. Debtor 2 live in a				s for Separate House	ehold c	of Debtor	2.	
2.	Do you have dep	endents?	√ No Vos	. Fill out this inf	ormation	Dependent's rela		ip to	Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and		each dependent		Dobtor 1 or Dobto		<u> </u>	age	live with you? No
	Do not state the do names.	ependents'								Yes No Yes No Yes No Yes No Yes No Yes
3.	Do your expense expenses of peop yourself and you	ple other than] No] Yes						□ No □ Yes
P	Part 2: Estima	ate Your Ong	oing N	Monthly Exp	enses					
to i	timate your expens report expenses as e form and fill in the	of a date after applicable dat	the ban e.	kruptcy is filed	. If this is a	supplemental Scho	edule .		•	
	clude expenses paid ch assistance and l		_		•				Your expens	es
4.	The rental or hon Include first mortg							,	4	
	If not included in	line 4:								
	4a. Real estate ta	axes							4a	
	4b. Property, hon	neowner's, or re	nter's ins	surance					4b	
	4c. Home mainte	enance, repair, a	nd upke	ep expenses					4c	
	4d Homooymark	s association or	oondom:	nium duos					4d	

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Debtor 1 Gaila

Document Pinkston

First Name

Middle Name

Last Name

		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.
6.	Utilities:	
	6a. Electricity, heat, natural gas	6a.
	6b. Water, sewer, garbage collection	6b.
	6c. Telephone, cell phone, Internet, satellite, and	6c.
	cable services 6d. Other. Specify:	6d.
7.	Food and housekeeping supplies	7.
8.	Childcare and children's education costs	8.
9.	Clothing, laundry, and dry cleaning	9.
10.	Personal care products and services	10.
11.	Medical and dental expenses	11.
12.	Transportation. Include gas, maintenance, bus or train	12.
13	fare. Do not include car payments. Entertainment, clubs, recreation, newspapers,	13.
	magazines, and books	
	Charitable contributions and religious donations	14.
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
	15a. Life insurance	15a
	15b. Health insurance	15b
	15c. Vehicle insurance	15c.
	15d. Other insurance. Specify:	15d
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.
17.	Installment or lease payments:	
	17a. Car payments for Vehicle 1	17a
	17b. Car payments for Vehicle 2	17b
	17c. Other. Specify:	17c
	17d. Other. Specify:	17d
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.
19.	Other payments you make to support others who do not live with you.	
	Specify: Other real property expenses not included in lines 4 or 5 of this form or on	19.
20.	Schedule I: Your Income.	
	20a. Mortgages on other property	20a
	20b. Real estate taxes	20b
	20c. Property, homeowner's, or renter's insurance	20c
	20d. Maintenance, repair, and upkeep expenses	20d
	20e. Homeowner's association or condominium dues	20e

		Case 16-08815 Doc 1 Filed 03/15/16 Entered 03/15/16 11:4	40:35	Desc Main		
Deb	tor 1	Gaila Y Document Page 33 of 48 Case number ((if known)			
	İ	First Name Middle Name Last Name				
21.	Othe	r. Specify:	21. +_			
22.	Calc	ulate your monthly expenses.				
	22a.	Add lines 4 through 21.	22a	\$0.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b			
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$0.00		
23.	Calc	ulate your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$0.00		
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$0.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$0.00		
24.	Do y	ou expect an increase or decrease in your expenses within the year after you file this form?				
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?					
	✓ No					
	Yes. Explain here:					

Case 16-08815 Doc 1 Filed 03/15/16 Entered 03/15/16 11:40:35 Desc Main Document Page 34 of 48 Fill in this information to identify your case: Debtor 1 Gaila **Pinkston** Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an (if known) amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: **Summarize Your Assets** Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$755.00 1b. Copy line 62, Total personal property, from Schedule A/B..... \$755.00 1c. Copy line 63, Total of all property on Schedule A/B..... Part 2: **Summarize Your Liabilities** Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$0.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$3,238.48 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$45,824.28 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$49,062.76 Your total liabilities

Part 3: Summarize Your Income and Expenses

Case 16-08815 Doc 1 Filed 03/15/16 Entered 03/15/16 11:40:35 Desc Main Page 35 costs 4 Bumber (if known) Gaila Debtor 1 Middle Name First Name **Answer These Questions for Administrative and Statistical Records** Part 4: Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes $\sqrt{}$ What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from \$0.00 Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:				
9a. Domestic support obligations. (Copy line 6a.)	\$0.00			
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$3,238.48			
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00			
9d. Student loans. (Copy line 6f.)	\$0.00			
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00			
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00			
9g. Total. Add lines 9a through 9f.	\$3,238.48			

Fill in this information to identify your case: Debtor 1 Gaila **Pinkston** Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an (if known) amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	s NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	e read the summary and schedules filed with this declaration and that they are
true and correct.	
X /s/ Gaila Y Pinkston	x
Gaila Y Pinkston, Debtor 1	Signature of Debtor 2
Date 03/14/2016	Date
MM / DD / YYYY	MM / DD / YYYY

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					<u>ne 37 o</u> f 48		
F	ll in this inf	ormation to	identify your case	:			
De	ebtor 1	Gaila	Y Middle Nesses	Pinkston			
_		First Name	Middle Name	Last Name			
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name			
Ur	nited States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLING	DIS		
	ase number	, ,	-		_		
	known)				☐ Check if this is a amended filing	ın	
	ficial Form atement o		l Affairs for Ind	lividuals Filing	g for Bankruptcy	12/15	
cori you	rect information r name and ca	on. If more space se number (if k	ce is needed, attach a nown). Answer every	separate sheet to this question.	ogether, both are equally responsible for supples form. On the top of any additional pages, wri		
1.	What is your ☑ Married ☐ Not marrie	current marital	status?				
2.	During the last 3 years, have you lived anywhere other than where you live now? ✓ No ✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.						
3.	(Community p		•		ent in a community property state or territory? o, Louisiana, Nevada, New Mexico, Puerto Rico, T	Гехаs,	
	✓ No ☐ Yes. Mak	e sure you fill o	ut <i>Schedule H: Your Co</i>	debtors (Official Form	106H).		
Pa	art 2: Ex	plain the Sou	urces of Your Inco	me			
4.	Fill in the total	amount of inco	me you received from a	II jobs and all business	ess during this year or the two previous calendances, including part-time activities. list it only once under Debtor 1.	ar years?	
	✓ No ☐ Yes. Fill i	n the details.					

Deb	tor 1	Gaila	Υ		Page 38 @ss48umb		Desc Main
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.						
	List each	n source an	d the gross income from ea	ch source separately.	Do not include income th	at you listed in line 4.	
	✓ No ☐ Yes.	Fill in the	details.				
Pa	art 3:	List Ce	rtain Payments You N	lade Before You F	Filed for Bankruptcy	у	
6.	Are eith	er Debtor 1	1's or Debtor 2's debts pri	marily consumer debt	s?		
	□ No.		Debtor 1 nor Debtor 2 has I by an individual primarily for			are defined in 11 U.S.C	C. § 101(8) as
		During th	ne 90 days before you filed t	for bankruptcy, did you	pay any creditor a total of	f \$6,225* or more?	
		☐ No. (Go to line 7.				
		☐ Yes.	List below each creditor to total amount you paid that child support and alimony.	creditor. Do not include	e payments for domestic s	support obligations, su	ich as
		* Subject	t to adjustment on 4/01/16 a	and every 3 years after	that for cases filed on or	after the date of adjust	tment.
	✓ Yes.	Debtor 1	or Debtor 2 or both have	primarily consumer d	ebts.		
		During th	ne 90 days before you filed t	for bankruptcy, did you	pay any creditor a total of	f \$600 or more?	
		☑ No. (Go to line 7.				
		_	List below each creditor to creditor. Do not include pa Also, do not include payme	yments for domestic su	ipport obligations, such a		
7.	Insiders corporati agent, in	include you ions of which cluding one	re you filed for bankruptcy ur relatives; any general par ch you are an officer, directo e for a business you operate ort and alimony.	tners; relatives of any or, person in control, or	general partners; partners owner of 20% or more of	ships of which you are their voting securities	a general partner; ; and any managing
	✓ No ☐ Yes.	List all pa	yments to an insider.				
8.		year befored an inside	re you filed for bankruptcy er?	, did you make any pa	ayments or transfer any	property on account	of a debt that
	Include p	oayments o	n debts guaranteed or cosiç	gned by an insider.			
	✓ No ☐ Yes.	List all pa	yments that benefited an in	sider.			

9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.
	✓ No ☐ Yes. Fill in the details.
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.
	✓ No. Go to line 11.✓ Yes. Fill in the information below.
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?
	✓ No ☐ Yes. Fill in the details.
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?
	✓ No Yes
Pa	List Certain Gifts and Contributions
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?
	✓ No✓ Yes. Fill in the details for each gift.
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?
	✓ No ☐ Yes. Fill in the details for each gift or contribution.
Pa	art 6: List Certain Losses
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?
	☑ No

Case 16-08815 Filed 03/15/16 Entered 03/15/16 11:40:35 Desc Main Doc 1 Page 40 costs 4 Bumber (if known) Debtor 1 First Name Middle Name Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. Yes. Fill in the details. 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **☑** No ☐ Yes. Fill in the details. 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **☑** No ☐ Yes. Fill in the details. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) ☐ Yes. Fill in the details. Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **№** No Yes. Fill in the details.

☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

Deb	otor 1	Case 16-0 Gaila First Name	Υ	Doc 1	Filed 03/15/16 Doukstent Last Name	Entered 03/15/16 11:40:35 Page 41 Off (if known)	
						Fl	
	art 9:				or Control for Son		
23.	•	ou hold or cont ld in trust for s		perty that s	omeone else owns? In	clude any property you borrowed from, a	re storing for,
	N N	0					
	_	es. Fill in the d	etails.				
P	art 10	Give De	ails Abou	ut Environ	nmental Information	n	
For	the pu	rpose of Part	10, the follo	wing definit	tions apply:		
I	hazard	ous or toxic s	ıbstance, w	astes, or m	naterial into the air, land	ulation concerning pollution, contaminati I, soil, surface water, groundwater, or othe ubstances, wastes, or material.	
		-			y as defined under any t, including disposal sit	environmental law, whether you now owr	ı, operate, or
			-	-	rironmental law defines ontaminant, or similar i	as a hazardous waste, hazardous substa tem.	nce, toxic
Rep	oort all	notices, releas	ses, and pro	oceedings t	hat you know about, re	gardless of when they occurred.	
24.	Has a law?	ny governmer	ital unit not	ified you tha	at you may be liable or	potentially liable under or in violation of a	n environmental
	☑ N	o es. Fill in the d	etails.				
25.		-	ny governm	nental unit o	of any release of hazard	ous material?	
		o es. Fill in the d	etails.				
26.	Have		rty in any jı	udicial or ad	dministrative proceedin	g under any environmental law? Include	settlements and
	☑ Y	o es. Fill in the d	etails.				
Р	art 11	Give De	ails Abou	ut Your Bu	usiness or Connec	tions to Any Business	
27.	Within busin	-	re you filed	for bankrup	ptcy, did you own a bus	iness or have any of the following connec	ctions to any
]]]]	A member of A partner in An officer, of	of a limited li a partnersh director, or n	iability comp lip nanaging exe	n a trade, profession, or openy (LLC) or limited liable ecutive of a corporation ag or equity securities of a		
	<u> </u>	o. None of the es. Check all t			art 12. in the details below for ea	ach business.	

Debtor 1	Case 16-08815 Gaila First Name	Doc 1	Filed 03/15/16 Doubstont Last Name	Entered 03/15/16 1: Page 42 Offs 48 mber (if kr		
	in 2 years before you fi nancial institutions, cre	•		ncial statement to anyone abou	ut your busin	ess? Include
	No Yes. Fill in the details be	elow.				
Part 1	2: Sign Below					
that answ property or both.	I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
	Aila Y Pinkston Y Pinkston, Debtor 1		X Signature of D	Johtor 2		
Date	03/14/2016		Date			
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?						
✓ No ☐ Yes						
Did you	pay or agree to pay son	neone who is no	t an attorney to help y	ou fill out bankruptcy forms?		
✓ No ☐ Yes.	Name of person			Attach the E	Bankruptcy Pe	etition Preparer's Notice,

Declaration, and Signature (Official Form 119).

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0360:	76

Fill in this information to identify your case:				
Gaila First Name	Y Middle Name	Pinkston Last Name		
i iist ivaille	mudie Name	Lastivaine		
First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS				
	Gaila First Name First Name	Gaila Y First Name Middle Name First Name Middle Name		

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

 For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Gaila Y Pinkston	x
Gaila Y Pinkston, Debtor 1	Signature of Debtor 2
Date 03/14/2016	Date
MM / DD / YYYY	MM / DD / YYYY

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In	re Gaila Y Pinkston	Case No.		
		Chapter	7	
	DISCLOSURE OF COMPENSATION	N OF ATTORNEY FOR	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I c that compensation paid to me within one year before the filing c services rendered or to be rendered on behalf of the debtor(s) is as follows:	of the petition in bankruptcy, or	agreed to be paid to me, for	
	For legal services, I have agreed to accept	<u>\$</u>	1,500.00	
	Prior to the filing of this statement I have received	<u> </u>	\$0.00	
	Balance Due	<u>\$</u>	1,500.00	
2.	The source of the compensation paid to me was: ☐ Other (specify)			
3.	The source of compensation to be paid to me is:			
	✓ Debtor ☐ Other (specify)			
4.	☑ I have not agreed to share the above-disclosed compensa associates of my law firm.	ation with any other person unle	ss they are members and	
	I have agreed to share the above-disclosed compensation associates of my law firm. A copy of the agreement, togeth compensation, is attached.			
5.	In return for the above-disclosed fee, I have agreed to render le	egal service for all aspects of th	e bankruptcy case, including:	
	a. Analysis of the debtor's financial situation, and rendering adbankruptcy;	lvice to the debtor in determinin	g whether to file a petition in	
	b. Preparation and filing of any petition, schedules, statements	s of affairs and plan which may b	pe required;	
	c. Representation of the debtor at the meeting of creditors and	d confirmation hearing, and any	adjourned hearings thereof;	

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

> 03/14/2016 /s/ Robert J. Adams & Associates

Robert J. Adams & Associates Date Robert J Adams & Associates

901 W Jackson Suite 202 Chicago, IL 60607

Bar No. 0013056

Phone: (312) 346-0100 / Fax: (312) 346-6228

/s/ Gaila Y Pinkston

Gaila Y Pinkston

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Document Page 46 of 48 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Gaila Y Pinkston CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above named Debtor hereby	verifies that the	attached list of	creditors is true	e and correct to	the best of	his/her
know	edge.						

Date	3/14/2016	Signature /s/ Gaila Y Pinkston Gaila Y Pinkston
Date		Signature

Advance America 2828 W. 17th Street Broadview, IL 60155

Adventist LaGrange Memorial PO Box 9234 Hinsdale, IL 60522

Affiliated Radiologists 4801 W. Peterson Ave, Ste. 525 Chicago, IL 60646

Bank of America PO Box 1598 Norfolk, VA 23501

CAFCU 2445 Alft Lane Elgin, IL 60124

Chex Systems EF-0130 7805 Hudson Rd Ste. 100 Saint Paul, MN 55164-0036

Comcast PO Box 3002 Southeastern, PA 19398

ComEd Customer Care Center P.O.Box 87522 Chicago, IL 60680

Commonwealth Edison Bill Payment Center Chicago, IL 60668-0001

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Danna William P 1105 W. Burlington Western Springs, IL 60558

Emergency Health Care Physican PO Box 366 Hinsdale, IL 60522

Gateway Financial 6165 Bay Road Saginaw, MI 48604

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Malcolm S. Gerald and Associates, Inc. 332 S. Michigan Ave, Suite 514 Chicago, IL 60604

Medical Business Bureau, Inc. PO Box 1219 Park Ridge, IL 60068-7219

Merchants Credit Guide 223 W Jackson BLVD Suite 900 Chicago, IL 60606-6908

Stellar Recovery Inc 1327 US Highway 2 W Kalispell, MT 59901

Walinski & Associates, PC 221 N Lasalle 1000 Chicago, IL 60601